



FOR COUNTY USE ONLY

County of San Bernardino

F A S

STANDARD CONTRACT

<input type="checkbox"/> New <input checked="" type="checkbox"/> Change <input type="checkbox"/> Cancel		Vendor Code		SC		Dent. A		Contract Number 02-604 A-1	
County Department Arrowhead Regional Medical Center						Dept. Orgn.		Contractor's License No.	
County Department Contract Representative Mark H. Uffer, Director						Telephone 580-6150		Total Contract Amount Varies	
Contract Type <input type="checkbox"/> Revenue <input checked="" type="checkbox"/> Encumbered <input type="checkbox"/> Unencumbered <input type="checkbox"/> Other:									
If not encumbered or revenue contract type, provide reason: <u>Amount will vary based on patient volume</u>									
Commodity Code			Contract Start Date		Contract End Date		Original Amount		Amendment Amount
Fund EAD	Dept. MCR	Organization MCR	Appr. 200	Obj/Rev Source 2445	GRC/PROJ/JOB No.		Amount		
Fund	Dept.	Organization	Appr.	Obj/Rev Source	GRC/PROJ/JOB No.		Amount		
Fund	Dept.	Organization	Appr.	Obj/Rev Source	GRC/PROJ/JOB No.		Amount		
Project Name				Estimated Payment Total by Fiscal Year					
				FY	Amount	I/D	FY	Amount	I/D

THIS CONTRACT is entered into in the State of California by and between the County of San Bernardino, hereinafter called the County, and

Name

Primary Critical Care Medical Group

Hereinafter called Corporation

Address

11313 Weddington Street, 1st Floor

North Hollywood, California 91601

Telephone

(818) 761-6546

Federal ID No. or Social Security No.

IT IS HEREBY AGREED AS FOLLOWS:

(Use space below and additional bond sheets. Set forth service to be rendered, amount to be paid, manner of payment, time for performance or completion, determination of satisfactory performance and cause for termination, other terms and conditions, and attach plans, specifications, and addenda, if any.)

Amendment 1

Amend Agreement No. 02-604 in the following manner:

- 1) **DELETE** Section 7.04, Compensation for Services to Eligible County Medical Services Plan (CMSP) Patients, and **ADD** new Section 7.04, Compensation for Services to Eligible County Medical Services Plan (CMSP) Patients, as follows:

7.04 Compensation for Services to Eligible County Medical Services Plan (CMSP) Patients

For services rendered to eligible CMSP patients treated at Hospital, County shall pay Corporation according to the following payment schedule:

For month one (1) through three (3), it will be \$26,000.00 per month.

For months four (4) through twelve (12), it will be \$2,444.44 per month.

For months thirteen (13), it will be \$8,333.33 per month.

For months fourteen (14) through twenty-four (24), it will be \$17,424.24 per month.

Corporation shall submit to County on the first day of each month the amount set forth above. County shall pay Corporation the amount billed on the fifteenth day of each month.

2) **DELETE** Section 10.01, Adherence to County's Child Support Compliance Program.

All other terms and conditions of Agreement No. 02-604 remain unchanged.

[illegible]

COUNTY OF SAN BERNARDINO

(Print or type name of corporation, company, contractor, etc.)

▶ _____
Dennis Hansberger, Chairman, Board of Supervisors

By: _____
(Authorized signature - sign in blue ink)

Dated: _____

Name: _____
(Print or type name of person signing contract)

SIGNED AND CERTIFIED THAT A COPY OF THIS
DOCUMENT HAS BEEN DELIVERED TO THE
CHAIRMAN OF THE BOARD

Clerk of the Board of Supervisors
of the County of San Bernardino.

Title: _____
(Print or Type)

Dated: _____

By _____
Deputy

Address: _____

Approved as to Legal Form

Reviewed by Contract Compliance

Presented to BOS for Signature

County Counsel

▶ _____
Department Head

Auditor/Controller-Recorder Use Only

<input type="checkbox"/> Contract Database		<input type="checkbox"/> FAS	
Input Date		Keyed By	

Date _____

Date _____

Date _____

Auditor/Controller-Recorder Use Only

<input type="checkbox"/> Contract Database	<input type="checkbox"/> FAS
Input Date	Keyed By